

Overview regarding R-2015-04: Adjusting filing procedures under [SSB 5023](#)

Note from the Office of the Insurance Commissioner (“OIC”): *In the Concise Explanatory Statement that the OIC will issue at the end of this rule process, the OIC will respond in writing to all of the written comments that we have received regarding this rule. However, we are sharing responses now regarding some of the frequently-asked questions, because this information may be helpful to carriers.*

Issue: Why is the OIC creating two separate subchapters in WAC 284-43 for rate and form filings [Subchapter I for HCSCs and HMOs and Subchapter J for disability insurers] instead of just amending Subchapter I of 284-43?

Response: The OIC is actually moving all of the language from Subchapter I that’s related to filing requirements to a new subchapter, Subchapter J. The new subchapter will contain the filing requirements for disability carriers, health maintenance organizations, healthcare services contractors and limited health care services contractors.

The OIC is creating a new subchapter instead of amending the existing subchapter because the existing subchapter contains a lot of information that isn’t related to SSB 5023. As a result, from a rule-writing standpoint, it makes more sense to create a new subchapter that’s solely focused on filing requirements than it is to amend the existing subchapter.

Issue: Why doesn’t the new Subchapter J mention association plans or union trust plans?

Response: The purpose of this rule is to implement the requirements of SSB 5023, and the bill doesn’t address association or trust plans. In addition, the current rules for association or trust plans are in a separate part of the WAC (284-170-958), and the current filing instructions for associations or trust plans are separate from the general large group filing instructions. As a result, the OIC believed that addressing association plans or union trust plans in the new Subchapter J would be outside of the scope of this rulemaking process.

Issue: As part of this rule process, can the OIC amend WAC 284-60-010 to carve out disability issuers’ health benefit plans and stand-alone dental and stand-alone vision from the chapter?

Response: No, because under SSB 5023, WAC 284-60-010 still applies to disability issuers’ individual and small group stand-alone dental or stand-alone vision plans.

Issue: The stakeholder draft uses inconsistent and undefined terms that are different from the terms in the legislation and in other parts of the code. Some of the language doesn't appear to be consistent with the definitions that currently apply to HCSC or HMO filings, or seems to significantly change the standards that apply to HMOs and HCSCs.

Response: In response to this comment, the OIC has revised the language in an effort to try to make it as consistent as possible with SSB 5023 and with other parts of the WAC, and to try to ensure that it does not change the standards that currently apply to HMOs and HCSCs.

Despite these revisions, some of the language in the CR 102 draft still isn't identical to language that's in the existing WAC. However, there are specific reasons for those differences.

For example, WAC 284-43 Subchapter I applies to all individual, small group, and large group plans offered by HCSCs and HMOs. However, Subchapter J has a more narrow scope, so some of the definitions from Subchapter I weren't appropriate for Subchapter J. As a result, the OIC had to define them (for example: "rate" and "rate schedule") using existing language from other parts of the WAC.

Issue: Please delete the reference in Subchapter J to the SERFF filing instructions.

Response: The OIC appreciates this input and has removed this language.

Issue: Please clarify whether carriers can continue to use previously filed and approved forms, and please give carriers a transition period.

Response: The rule doesn't apply retroactively, so carriers don't need to refile previously filed and approved forms. Regarding a transition period, the new law already went into effect at the end of July and carriers have been able to submit filings since then. As a result, there was already a built-in transition period, so the OIC declined to create an additional transition period.

Issue: When will the OIC finish updating the current filing instructions?

Response: The OIC intends to finish this process by early November.